## PART B - FEE(S) TRANSMITTAL

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indicated unless corrected maintenance fee notification		in Block 1, by (a	) specifying a new	correspondence address	s; and/or (b) indicating a separ	rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
	590 01/14/2005			have its own certifica	te of mailing or transmission.	-
CHARLES G. N. P.O. BOX H CHESTER, CT 06 04/12/2005 RFEKADU2 (	412		PR 1 1 2005	I hereby certify that to States Postal Service addressed to the Matransmitted to the US	ertificate of Mailing or Transithis Fee(s) Transmittal is being with sufficient postage for firs all Stop ISSUE FEE address PTO (703) 746-4000, on the different postage on the different postage of	mission g deposited with the United it class mail in an envelope above, or being facsimile ate indicated below.
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02 FC:8001	700.00 (	IP 3		Laura	alu	(Signatore)
	30.00 0	ib 🦽	MADEMARY		4/7/05	(Date)
`APPLICATION NO.	FILING DATE	· j 1	FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/016,155	12/10/2001		Frank A. Todar	0	2106	7775
TITLE OF INVENTION: SLITTER-SPLICER FOR JOINING THE ENDS OF SHEETS .						
APPLN. TYPE	SMALL ENTITY	ISSUE FE	SE P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$0	\$700	04/14/2005
EXAMINER		ART UN	IT C	LASS-SUBCLASS	]	
OSELE, MARK A		. 1734		156-304300	9	:
CFR 1.363).  Change of correspond Address form PTO/SB/1	e address or indication of "Fedence address (or Change of 022) attached.  tion (or "Fee Address" Indica or more recent) attached. Use	Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE			B) RESIDENCE: (CITY and STATE OR COUNTRY)			
ASTER	isk, inc		OLD SHYBROOK, CONNECTICUT			
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government						
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):						
Issue Fee A check in the amount of the fee(s) is enclosed.  Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies 0 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to						
Deposit Account Number (enclose an extra copy of this form).						
5. Change in Entity Status (from status indicated above)  2 a. Applicant claims SMALL ENTITY status, See 37 CFR 1.27.  3 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
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Authorized Signature	egh	esslir	i.	Date	4/6/05	****
· Typed or printed name _	C. C. 1	NESSLI	En.	Registration	1No. 28725	<del></del>
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